

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-11-05 2 Serial/Patent # 10/519827

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>50</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 50

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment
☐ Duplicate Payment
☐ No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 --

Credit Card Refund

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anders

TITLE: Paralegal Specialist

SIGNATURE: John Anders

PHONE: 308-9140 ext 211

OFFICE: PCT DO/EO

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**